

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537452

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3							53						
4		3		1			54						
5		4					55						
6		4		1			56						
7		4					57						
8		5		1			58						
9		5					59						
10		5					60						
11		4					61						
12		5					62						
13		5					63						
14		5					64						
15		5					65						
16		5					66						
17		5					67						
18		5					68						
19		5					69						
20		5					70						
21		5					71						
22		5					72						
23		5					73						
24		5					74						
25	1		1				75						
26		1		1			76						
27		1		1			77						
28		3		1			78						
29		0		1			79						
30	1		1				80						
31		1		1			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	28	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			31				TOTAL CLAIMS						